

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	5/9
O.I.P.E. CLASSIFIER		10	5-12-00
FORMALITY REVIEW	W.H.	549	6-23-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
1	✓ 5/12/00
2	✓ 5/12/00
3	✓ 5/12/00
4	✓ 5/12/00
5	✓ 5/12/00
6	✓ 5/12/00
7	✓ 5/12/00
8	✓ 5/12/00
9	✓ 5/12/00
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If more than 150 claims or 10 actions  
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Best Available Copy